INDIANA
Epidemiology
NEWSLETTER

Indiana State Department of Health

Epidemiology Resource Center
2 North Meridian Street, 5-K
Indianapolis, IN 46204
317.233.7125

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Tamiflu Recommendations

Judith A. Monroe, M.D., State Health Commissioner, issued the following information in a letter to Indiana health care providers on November 1, 2005.

There has been increased media attention given to the issue of avian influenza (bird flu) and the threat of a human influenza pandemic in recent weeks. The media coverage has included information that Tamiflu and Relenza appear to be the only antiviral medications that are effective in treating people who might contract the H5N1 influenza virus. This virus is now being detected in birds in some European countries, but the spread of the virus in birds does not constitute the beginning of an influenza pandemic.

As a result, it has come to our attention that physicians and other health care providers are currently faced with a growing number of persons requesting prescriptions for Tamiflu (or possibly zanamivir, trade name Relenza) with the intent of creating a personal/family stockpile in the event of an influenza pandemic.

The Indiana State Department of Health strongly discourages personal stockpiling of Tamiflu or Relenza because:

- There has been no sustained human-to-human transmission of the avian H5N1 influenza virus in any country.
- No H5N1 virus has been detected in U.S. or North American poultry.
- Supplies of Tamiflu and Relenza are limited and should go to persons who will need these medications for treatment of seasonal influenza.
- Inappropriate use of these antiviral medications may lead to resistance.

It is also not cost-effective to use Tamiflu for long-term prophylaxis for either seasonal influenza or avian influenza, thus prescribing Tamiflu for this purpose should be discouraged.

In addition, Roche Pharmaceuticals, the manufacturer of Tamiflu, announced last week that it was temporarily suspending the sale of Tamiflu in the United States and Canada, based on the recent massive increase in prescriptions and the need to have enough medication available for treatment of persons who contract influenza during the 2005-06 influenza season.

The Indiana State Department of Health is providing this communication to assist you in your efforts to educate patients about the appropriate use of Tamiflu and Relenza. As with all medications, appropriate use of Tamiflu and Relenza should be based on an accepted medical indication or diagnosis.

Influenza Vaccine Q&A

Shawn M. Richards, BS
Respiratory Epidemiologist

Q: Why has there been a problem with obtaining influenza vaccine this year when there is not supposed to be a shortage of vaccine?
A: There have been some delays in the manufacturing and distribution of flu vaccine which has resulted in not enough vaccine to meet the current demand. These delays are **not** evidence of a vaccine shortage. The demand for the vaccine has been high for a variety of possible reasons including:

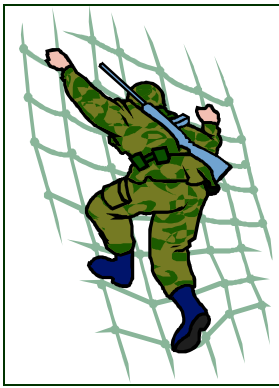
- Awareness of the major vaccine shortage last year, and
- The perception that the seasonal flu vaccine can protect a person against infection from avian influenza (bird flu). This is **not true**. The vaccine available is not based on the avian influenza strain responsible for human cases in Southeast Asia (H5N1). However, the vaccine is still highly recommended, because it will provide protection against other influenza strains that are known to infect humans and will probably be circulating this year.

Q: What can I do to get flu vaccine?
A: Be patient and persistent. You should continue to contact your health care provider and local health department to see if more vaccine is expected since some flu vaccine will not be distributed until later in November and December. It is important to remember that a person can be vaccinated in December and even as late as January and still be protected against influenza infection. It takes about two weeks for a person to develop immunity (protection against infection) after receiving a flu vaccination.

Q: Are there other forms of protection available besides a flu shot?
A: The nasal spray vaccine is recommended for healthy individuals between the ages of 5 and 49 years, with the exception of pregnant women in this age group.

Q: What else can I do to protect myself and others?
A: Known methods for infection control can decrease a person's chances of becoming sick from influenza. These steps include:

- Wash your hands frequently and thoroughly.
- Cover your nose and mouth when you cough and sneeze, preferably with a facial tissue and discard the tissues appropriately.
- Avoid using handkerchiefs.
- Stay home if you are ill.



Training Room

INDIANA STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM PRESENTS:

Immunizations from A to Z

Immunization and Health Educators offer this FREE, one-day educational course that includes:

- Principles of Vaccination
- Childhood and Adolescent Vaccine-Preventable Diseases
- Adult Immunizations
  - Pandemic Influenza
- General Recommendations on Immunization
  - Timing and Spacing
  - Indiana Immunization Requirements
  - Administration Recommendations
  - Contraindications and Precautions to Vaccination
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

This course is designed for all immunization providers and staff. Training manual, materials, and certificate of attendance are provided to all attendees. Please see the Training Calendar for presentations throughout Indiana. Registration is required. To attend, schedule/host a course in your area or for more information, please contact **Beverly Sheets at 317-502-5722 or** hepbbev@aol.com or http://www.in.gov/isdh/programs/immunization.htm

ISDH Data Reports Available

The ISDH Epidemiology Resource Center has the following data reports and the Indiana Epidemiology Newsletter available on the ISDH Web Page:

http://www.in.gov/isdh/dataandstats/data_and_statistics.htm

HIV/STD Quarterly Reports (1998-June 05)	Indiana Mortality Report (1999, 2000, 2001, 2002, 2003)
Indiana Cancer Incidence Report (1990, 95, 96, 97, 98)	Indiana Infant Mortality Report (1999, 2002, 2003)
Indiana Cancer Mortality Report (1990-94, 1992-96)	Indiana Natality Report (1998, 99, 2000, 2001, 2002, 2003)
Combined Cancer Mortality and Incidence in Indiana Report (1999, 2000, 2001, 2002)	Indiana Induced Termination of Pregnancy Report (1998, 99, 2000, 2001, 2002, 2003)
Indiana Health Behavior Risk Factors (1999, 2000, 2001, 2002, 2003, 2004)	Indiana Marriage Report (1995, 97, 98, 99, 2000, 2001, 2002)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004, 4/2005, 7/2005)	Indiana Infectious Disease Report (1997, 98, 99, 2000, 2001)
Indiana Hospital Consumer Guide (1996)	Indiana Maternal & Child Health Outcomes & Performance Measures (1990-99, 1991-2000, 1992-2001, 1993-2002)
Public Hospital Discharge Data (1999, 2000, 2001, 2002, 2003)	

HIV Disease Summary

Information as of November 30, 2005 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

357	New HIV cases from December 2004 thru November 2005	12-month incidence	5.87 cases/100,000
3,595	Total HIV-positive, alive and without AIDS on November 30, 2005	Point prevalence	59.13 cases/100,000

AIDS cases to date:

395	New AIDS cases from December 2004 thru November 2005	12-month incidence	6.50 cases/100,000
3,777	Total AIDS cases, alive on November 30, 2005	Point prevalence	62.12 cases/100,000
7,780	Total AIDS cases, cumulative (alive and dead)		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in October *MMWR* Weeks 40-43		Cumulative Cases Reported January -October *MMWR* Weeks 1-43	
	2004	2005	2004	2005
Campylobacteriosis	21	42	346	361
Chlamydia	1,634	1,483	15,437	16,665
E. coli O157:H7	7	15	48	59
Hepatitis A	2	5	51	47
Hepatitis B	4	1	39	42
Invasive Drug Resistant *S. pneumoniae* (DRSP)	10	3	134	163
Invasive pneumococcal (less than 5 years of age)	4	3	34	56
Gonorrhea	697	543	5,668	6,629
Legionellosis	3	2	41	17
Lyme Disease	2	3	24	30
Measles	0	33	0	33
Meningococcal, invasive	1	0	18	18
Pertussis	67	37	170	280
Rocky Mountain Spotted Fever	0	0	6	2
Salmonellosis	35	71	421	529
Shigellosis	11	30	180	147
Syphilis (Primary and Secondary)	7	6	52	54
Tuberculosis	19	6	110	113
Animal Rabies	0	0	10 (9 bats, 1 skunk)	11 (bats)

For information on reporting of communicable diseases in Indiana, call the *ISDH Epidemiology Resource Center* at 317-233-7125.

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The *Indiana Epidemiology Newsletter* is published by the Indiana State Department of Health to provide epidemiologic information to Indiana health professionals and to the public health community.